

APPLICATION FOR WASTEWATER TREATMENT Plant Contract Operator Registration

I. THIS IS AN APPLICATION FOR: (Check appropriate box) <input type="checkbox"/> Initial Registration <input type="checkbox"/> Annual Renewal of Registration <input type="checkbox"/> Replacement of Certificate of Registration	
II. FEES Initial Registration Fee \$100.00 Number of Operator Employees ____ x \$25.00 = ____ Total (Maximum Combined Fee is \$500.00) = ____	Renewal Registration Fee \$100.00 Number of Operator Employees ____ x \$25.00 = ____ Total (Maximum Combined Fee is \$500.00) = ____ <input type="checkbox"/> Late Fee (see instructions) \$50.00 Total (Combined Fee plus Late Fee)= ____
Certificate Replacement Fee – Number of Certificates _____ x \$30.00 = _____	

III. CONTRACT OPERATOR INFORMATION:

- A. Name of Person or Entity: _____
- B. For Annual Renewals, List Your Contract
Operator Registration Number Here: _____
- C. Mailing Address: _____
(Street) *(City)*

(County) *(State)* *(Zip Code)*
- D. Contact Person Name: _____
Telephone Number: _____

IV. NAMES OF WASTEWATER TREATMENT PLANTS UNDER CONTRACT WITHIN CALIFORNIA

List the names and owners of the wastewater treatment plants under contract. A Contract Wastewater Treatment Plant Information Form must be completed for each plant listed.

Plant Name	Name of Public Agency Owner
1.	
2.	
3.	
4.	
5.	
6.	
7.	

V. ROSTER OF OPERATOR EMPLOYEES

List the names of all wastewater treatment plant operators you will be assigning to wastewater treatment plants in California. Also list their California wastewater operator certification numbers. Include operators-in-training.

[illegible]

Attach additional pages as necessary to complete this roster

VI. SIGNATURE OF OWNER OR PRINCIPAL OF FIRM

I, the undersigned, certify that all statements made, and information contained in this application, are true and correct to the best of my knowledge and belief, and comply with the State of California Water Code Chapter 9, Section 13627.2. I understand that any omissions or misrepresentations may result in ineligibility for registration or revocation of any registration granted. I also consent to an investigation of employment records and other qualifications in related activities for the purposes of verification of information contained in this application.

(Please print or type name)

(Date)

(Signature)

(Title)

CONTRACT WASTEWATER TREATMENT PLANT INFORMATION

Please fill out one page for each treatment plant under contract.

I. WASTEWATER TREATMENT PLANT INFORMATION

A. Name of Contract Operator (From page 1, Section IIIA): _____

B. Name of Wastewater Treatment Plant Under Contract: _____

C. Wastewater Treatment Plant Address: _____
(Street) (City)

(County) (State) (Zip Code)

D. Plant Phone Number: (____) _____ Chief Plant Operator Phone Number: (____) _____

E. Duration of Contract: _____ TO _____
(effective date) (expiration date)

F. Plant Classification: _____ G. Regional Board: _____

II. NAMES AND CALIFORNIA WASTEWATER NUMBERS OF ALL WASTEWATER TREATMENT PLANT OPERATORS EMPLOYED IN THE OPERATION OF THIS PLANT. LIST CHIEF PLANT OPERATOR FIRST.

NAMES OF OPERATORS			California Wastewater
(Last)	(First)	(Middle)	Certification Number

III. WASTEWATER TREATMENT PLANT OWNER INFORMATION

A. Agency Name: _____

B. Mailing Address: _____
(Street) (City)

(County) (State) (Zip Code)

C. Owner Contact Person: _____

Telephone Number: (____) _____

IV. SIGNATURE OF WASTEWATER TREATMENT PLANT OWNER

I, the undersigned, certify that all statements made, and information contained on this page are true and correct to the best of my knowledge and belief, and comply with the State of California Water Code Chapter 9, Sections 1058 and 13626.

(Please print or type name) (Date)

(Signature) (Title)